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Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives
First session
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Items 3 and 4 of the provisional agenda*
Preliminary review and appraisal of the implementation of the outcome of the World Summit for Social Development

Consideration of further actions and initiatives to implement the commitments made at the Summit

Contributions by relevant organs, funds and programmes, and specialized agencies of the United Nations system

Note by the Secretariat

Addendum

Contribution from the United Nations Children's Fund

The Secretariat circulates herewith for the information of the Preparatory Committee the attached report of the United Nations Children's Fund, which is available in English only.

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Annex

Input of the United Nations Children's Fund to the preparation of the report on the implementation of the Copenhagen Declaration on Social Development and the Programme of Action

The WSSD Programme of Action endorsed the end-decade goals for children set by the World Summit for Children (WSC, 1990). Available data suggest that general progress has been made towards the end-decade goals. However, it appears that achieving the year 2000 goals will be difficult at the global level and many regional levels without a major acceleration in the pace of progress. The prospects for children can be improved significantly by efforts at the country level together with renewed support by the international community - especially in the form of financial resources.

Periodic reviews of progress toward the WSC goals have taken place through regional ministerial consultations on children. Governments have reviewed progress towards the WSC goals and shared experiences and lessons-learned. Renewed commitment was made to accelerate progress towards the WSC goals despite economic setbacks, conflicts or natural disasters. The Bangkok Declaration (1998) and the Lima Accord (1998), for instance, set clear strategies and focus to guide actions in the remaining two years. The league of Arab States issued the Sana'a Declaration on accelerating progress towards the WSC goals.

Building on the success of the mid-decade review of WSC goals in 1996, more countries have improved the use and availability of data to reveal socio-economic, gender, urban-rural, ethnic and other disparities often concealed in national averages. UNICEF, together with other partners, has supported countries not only with data collection instruments of the highest technical standards but also with direct assistance in data analysis, policy advice and programmatic interventions.

Progress towards the major goals

This section reviews progress towards the major goals agreed upon in the WSC, which were endorsed by the WSSD.

Under five mortality

The Summit goal is to reduce the 1990 under-five mortality rate (U5MR) by one third or to 70 per 1,000 live births, whichever is lower by the year 2000. Based on currently available data, very few countries are on track to achieve the goal in sub-Saharan Africa and South Asia. The situation is somewhat better in the other regions, with the industrialized countries group being closest to achieving the goal, with over two-thirds of the countries on track to achieve a one-third reduction in U5MR.

There is continuing improvement in all regions, albeit at a decelerating pace in the 1990s compared with earlier decades and at a rate which is insufficient to achieve the end-decade goal. Major contributing factors to the slowdown are: (a) insufficient commitment and resources for the provision of essential services to disadvantaged communities to reduce the five major immediate causes of death of children under five years of age (acute respiratory infections, diarrhoea, measles, malaria and malnutrition); and (b) increased poverty and debt and the reduction in ODA noted earlier. The HIV/AIDS pandemic is undermining progress towards the end-decade goals. In 1997, the estimated proportion of deaths of children under five years of age due to HIV/AIDS was 4 per cent globally and 10 per cent in sub-Saharan Africa.

Maternal mortality

The goal is to reduce by half the 1990 levels of maternal mortality. WHO and UNICEF have estimated that in 1990, around 585,000 women died from pregnancy related causes. One of the process indicators which is increasingly being recommended for population-based monitoring is the *proportion of births attended by skilled health personnel*. Preliminary data suggest that there has been only a very slight improvement over the last decade. For developing countries, the proportion of births attended by a skilled health officer increased from 53 per cent in 1990 to 58 per cent in 1997, which represents a change of only about half a percentage point per year. Process indicators on the availability and use of obstetric services published by UNICEF, WHO and UNFPA in 1997, are now beginning to be used in a number of countries.

Child malnutrition

The goal is to reduce by half the 1990 levels of severe and moderate malnutrition among children under five years of age. Data on child malnutrition from the Administrative Committee on Coordination Subcommittee on Nutrition show that the situation has continued to improve since 1990, albeit at a slower pace than in the 1980s. Global estimates show a decline from 34 per cent in 1985 to 31 per cent in 1990 and 29 per cent in 1995. These estimates are being updated to include projections for the year 2000 but final results are not yet available. However, it is clear that for most countries, the rate of decline is substantially below what is required to achieve the goal.

Improving the status of women and advocacy for more and better public spending in the social sector contribute to reducing malnutrition. The importance of low birth weight is increasingly recognised. Half of the 22 million low birth weight babies born in the world each year are born in South Asia, where 30 per cent of all births are low weight and 60 per cent of women of child bearing age are themselves underweight.

Exclusive breast-feeding is an important action that can help maintain normal growth until six months of age. The percentage of infants exclusively breastfed through the third months of life by region is: Sub-Saharan Africa 31 per cent; Latin America and Caribbean 39 per cent; South Asia 45 per cent; Middle East and North Africa 47 per cent; East Asia and Pacific 56 per cent. There is evidence from many countries that exclusive breastfeeding rates have increased substantially in this decade.

The Baby-Friendly Hospital Initiative, which aims to protect and promote exclusive breast-feeding, is now operational in nearly 15,000 maternity facilities in 125 countries. Twenty countries have now adopted the International Code for the marketing of breastmilk substitutes in law.

Progress was made in addressing vitamin A deficiency, iodine deficiency and anaemia. A total 43 countries where vitamin A deficiency is a public health problem added vitamin A supplementation with NIDS. Remarkable progress was made towards the reduction of iodine deficiency disorder. The proportion of the world's edible salt iodized increased from about 56 per cent in 1997 to about 65 per cent at the end of 1998.

Basic education

The goal is to achieve universal access to basic education and completion of primary education by at least 80 per cent of primary-school-age children by the end of the decade. Reduction of gender disparities is also part of the goal.

The number of children in primary school continues to increase both globally and for all regions. The East Asia and Pacific region has achieved levels of net enrolment comparable to industrialized countries, and Latin America and the Caribbean region continues its steady progress. The gains of the 1980s in the Middle East and North Africa region appear to be flattening in the 1990s. Both South Asia and sub-Saharan Africa were at about the same enrolment level in 1980, but South Asia appears to have made more progress. However, this assessment for South Asia is based on uncertain data. Sub-Saharan Africa, excluding South Africa, has yet to make up for the fall in the enrolment ratio in the 1980s, and still has more than a third of its young children not attending school.

Armed conflict and debt play a significant role in the education situation of sub-Saharan Africa, with armed conflicts affecting nearly half the countries, and three-quarters of the countries heavily indebted. Large class size, poor teacher education, crumbling buildings and lack of learning materials in countries all reduce the education capacity and quality in the region.

Worldwide, an estimated 130 million primary-school-age children are not in school, and more than 150 million teenagers have not reached a minimum level of education (grade 5) before they leave school. Although gender disparity has been reduced, it still remains a significant issue in South Asia, in the Middle East and North Africa, and in sub-Saharan Africa.

Water and sanitation

The goal is to achieve universal access to safe drinking water and to sanitary means of excreta disposal. Current estimates suggest this is far from being achieved, due to a wide variety of factors which include: the enormity of the task, with over 5 billion people to be covered; the increasing difficulties with obtaining water; conflicts which have disrupted systems and sources; more limited financial resources, such as ODA, particularly in areas most in need; etc.

Difficulties in measurement, are an added complication. Hence the present document reports on the current situation, and its distance from universal access, rather than on change since 1990. All regions have a considerable way to go to achieve universal safe water coverage, although three regions, Middle East and North Africa, South Asia and Latin America and Caribbean, report around 80 per cent coverage. The lowest coverage, of about 50 per cent, is in sub-Saharan Africa. In sanitation, the coverage of sub-Saharan Africa is not the lowest, with South Asia and East Asia and Pacific reporting less than one-third of their population covered. The highest sanitation coverage is in the Middle East and North Africa, and Latin America and Caribbean regions, where about two-thirds of the people are covered. On average, rural coverage is lower than urban coverage for both water and sanitation, though the coverage of the urban poor is also low.

Child protection

The goal is to improve protection of children in especially difficult circumstances. It was not expressed in quantitative form, however, progress can be assessed through qualitative indicators.

There is increased awareness on child protection issues globally. Following the ratification of the Convention on the Rights of the Child (CRC) by 191 out of 193 countries, State parties have addressed child protection issues in their progress report to the CRC Committee, and reflected these issues in national policies.

Much progress has been made in reviewing national laws that relate to children and in developing recommendations for revisions and new legislation. Many countries have taken action to improve law enforcement and legal justice systems, including constitutional reforms designed to improve respect for the rights of children and adolescents, and the adoption of a children's bill to provide a comprehensive legal framework to implement the CRC which consolidates all the laws relating to children into a single piece of legislation. CRC sensitisation and training for police has been organised in several countries.

The Ottawa Convention on a total ban on the production, stockpiling and sale of landmines has recorded 135 signatures and 67 states are now bound by it. There has been growing awareness on the magnitude of the deaths and disabilities caused by landmines.

Rehabilitation of children affected by war, demobilisation of child soldiers, psychosocial assistance and therapy, and trauma counselling with a particular attention to girls have been increasingly supported. Service delivery to and social reinsertion of displaced children and refugees have been supported in many countries hit by war and conflict.

Considerable progress has been made in addressing child labour issues. Many countries have included the issues in their child programmes providing alternative education opportunities and basic health care services for child labour. The Global March Against Child Labour which occured world-wide from January to June 1998 culminated at an ILO conference to discuss a new convention on the Worst Forms of Child labour. The conference also adopted a 'Declaration on Fundamental Principles and Rights at Work and its Follow-up in which member countries are obligated to promote and realise the effective elimination of child labour. There has also been increased collaboration between UNICEF and the World Bank in child protection areas, especially in child labour.

More actions have been taken in addressing the striking impact of HIV/AIDS pandemics. Many countries have begun to develop strategies to reduce mother-to-child transmission, to support home-based and community care for young people. Some new initiative activities have been developed to raise awareness for prevention and attitudes about persons living with HIV/AIDS.

Further actions needed to accelerate progress

The foregoing analysis indicate that many countries will not fully deliver on the promises made to children at the summit in 1990. The experience over the past years suggest a number of very specific actions to accelerate progress towards the goals, if resources and political commitment exist. There is also strong evidence to indicate that investing in children, particularly in the very early years generate significant economic and social returns. Despite the availability of this knowledge resource allocations fall far shorter than what is required, not always because they are unavailable but because of the lack of political will to make the hard choices when appropriating available resources. No amount of external aid alone can solve the problems children face in a country unless national commitment and desire exist to make a difference for its own children even in difficult econonic and political circumstances.

Several developing countries are committed to allocating 20 per cent of their national budget to basic social services, as stated in the WSSD Programme of Action. Since 1995 there is further development towards the 20/20 initiative. At the inter-regional meeting on the 20/20 initiative in Hanoi in 1998, developing and developed countries renewed their commitment to increase allocations to basic social services and to enhance the equity and efficiency in their use. The Hanoi meeting enhanced the level of expertise by introducing the first comparative statistics on the level, the distribution and the efficiency of public and donor spending on basic social services for about 30 countries. This was a first step to give special attention to the 20/20 initiative at the UN Special Session in Geneva

The achievement of the global goals set by the summit are a challenge to the entire international community. The international community tacitly agreed to support national efforts. The latest analysis of the trends and issues in the supply of aid by OECD/DAC confirm the decline in aid to the poorest countries as well as to the social development goals set in the plan, *Shaping the 21 st Century : The contribution of Development Co-operation.* An acceleration in the progress towards the goals will require reversing of the decline in ODA trends in general and increasing allocation to basic social services and to the countries who are lagging behind on the goals.